## STATE OF NEW HAMPSHIRE



PLEASE PRINT

## 2018 Statement of Income and Expenses RECEIVED

for LOBBYISTS (RSA Chapter 15)

JUL 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobby	yist(s) Sean Moore		<u>.</u>			
II. Name of lobby	yist's partnership, fii	m or corporation, if an	y:			
Consumer Healthcare Products Association						
	(Name of partnership, fi	rm or corporation)				
1625 I "Eye" St.	, NW	Washington		DC	2000	6
Business Address:	(Street)	(Town/City)		(State)	(Zip	Code)
(202) <u>429-3524</u>		(202) 429-3537	e-ma	il smoo	re@chpa.org	
(Telepho		(Fax)				
reportable expen	se transactions whic	ne – file separate report h are not attributable to g in the months prior to tl	any one client	).		
Canaumar Hadi	thcare Products Ass	rociation				
Consumer Hear		ient as it appears on the Lob	byist Registration	Form)		_
<u>OR</u>	•					
☐ All reportable unrelated to any p		obyist (including the lobb	yist's family), o	r the lob	bying firm listed be	elow which are
IV. Date of Repo	ort April 25, 2018		July 25,	2018	)	
	October 31, 20	018 ☑	January 30, 2019 🗌			
	activity from 7/1/1	8 to 9/30/18	activity from 1	activity from 10/1/18 to 12/31/18		
V. There have If this box is chec Concord, NH 033	ked, complete just this	ed and no reportable form and submit it to the	transactions n Secretary of St	nade si ate's Off	nce the last repo fice, State House, R	rt. ☑ oom 204,
VI. Check if add	itional reports are at	ttached:				
☐ If you have re	eceived fees or made	expenditures, you must fi	e Addendum A	- Fees a	and Expenses	
Expense Reimbur	rsement	reimbursed expenses, you				
☐ If you, your f	firm, or your family ha	as made political contribu	tions, you must	file Add	lendum C– Politica	al Contributions
I have read RSA and complete to t	t/Affirmation by Lol 15, RSA 15-B, RSA 1 he best of my knowled	4-C and RSA 664 and he dge and belief.			the foregoing info	ormation is true
(Signature of lob	byist)				(Date)	
Sean Moore (Print Name of le	obbyist)	<del></del>				